

STATE OF CALIFORNIA  
DEPARTMENT OF MANAGED HEALTH CARE  
HEALTH CARE SERVICE PLAN

1

**QUARTERLY FINANCIAL REPORTING FORM**

Submitted on 5/7/2004 5:40:51 PM

		1
1.	FOR THE QUARTER ENDING:	March 31, 2004
2.	Name:	<b>JAIMINI HEALTH INC DBA HEALTHDENT OF CALIFORNIA</b>
3.	File Number:(Enter last three digits)                      933-0	<b>197</b>
4.	Date Incorporated or Organized:	August 14, 1982
5.	Date Licensed as a HCSP:	August 15, 1983
6.	Date Federally Qualified as a HCSP:	
7.	Date Commenced Operation:	August 1, 1983
8.	Mailing Address:	3350 SHELBY ST STE 100 ONTARIO, CA 91764
9.	Address of Main Administrative Office:	3350 SHELBY ST STE 100 ONTARIO, CA 91764
10.	Telephone Number:	909-483-8310
11.	HCSP's ID Number:	68-0465645
12.	Principal Location of Books and Records:	3350 SHELBY ST STE 100 ONTARIO, CA 91764
13.	Plan Contact Person and Phone Number:	MICHAEL POLIS 916-441-2430
14.	Financial Reporting Contact Person and Phone Number:	ERIC KALTER 909-860-1975
15.	President:*	MOHENDER NARULA, DMD
16.	Secretary:*	SATISH BHUTANI
17.	Chief Financial Officer:*	ERIC KALTER 909-860-1975
18.	Other Officers:*	MINA NARULA, DDS
19.		
20.		
21.		
22.	Directors:*	SATISH BHUTANI
23.		GARY HALL
24.		RONALD SCHWARTZ
25.		STEPHEN SENKO
26.		ERIC KALTER
27.		
28.		
29.		
30.		
31.		

The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

32. President	MOENDER NARULA (please type for valid signature)
33. Secretary	SATISH BHUTANI (please type for valid signature)
34. Chief Financial Officer	ERIC KALTER (please type for valid signature)
* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.	
35. Check if this is a revised filing, and complete question 7 on page 2: <input type="checkbox"/>	
36. If all dollar amounts are reported in thousands (000), check here: <input type="checkbox"/>	

Check My Work

**STATE OF CALIFORNIA**  
**DEPARTMENT OF MANAGED HEALTH CARE**  
**HEALTH CARE SERVICE PLAN**

**QUARTERLY FINANCIAL REPORTING FORM**

**SUPPLEMENTAL INFORMATION**

		1
1.	Are footnote disclosures attached with this filing?	Yes <input type="button" value="v"/>
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	No <input type="button" value="v"/>
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	No <input type="button" value="v"/>
4.	Have the Restricted Assets changed from the previous quarterly filing? If "yes", complete Schedule A-2 (Restricted Assets).	Yes <input type="button" value="v"/>
5.	Are there any significant changes reported on Schedule G, Section III?	No <input type="button" value="v"/>
6.	If "yes", describe:	
7.	If this is a revised reporting form, what is/are the reason(s) for the revision?	

## STATEMENT AS OF 3-31-2004 OF 933-0197 JAIMINI HEALTH INC DBA HEALTHDENT OF CALIFORNIA

## REPORT #1 ---- PART A: ASSETS

1	2
<b>CURRENT ASSETS:</b>	Current Period
1. Cash and Cash Equivalents	167
2. Short-Term Investments	604,000
3. Premiums Receivable - Net	
4. Interest Receivable	1,859
5. Shared Risk Receivables - Net	
6. Other Health Care Receivables - Net	
7. Prepaid Expenses	20,354
8. Secured Affiliate Receivables - Current	
9. Unsecured Affiliate Receivables - Current	
10. Aggregate Write-Ins for Current Assets	31,751
11. TOTAL CURRENT ASSETS (Items 1 to 10)	658,131
<b>OTHER ASSETS:</b>	
12. Restricted Assets	383,011
13. Long-Term Investments	
14. Intangible Assets and Goodwill - Net	451,078
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	
17. Aggregate Write-Ins for Other Assets	2,898
18. TOTAL OTHER ASSETS (Items 12 to 17)	836,987
<b>PROPERTY AND EQUIPMENT</b>	
19. Land, Building and Improvements	2,549,036
20. Furniture and Equipment - Net	11,247
21. Computer Equipment - Net	66,206
22. Leasehold Improvements -Net	
23. Construction in Progress	
24. Software Development Costs	
25. Aggregate Write-Ins for Other Equipment	0
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	2,626,489
27. TOTAL ASSETS	4,121,607
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS</b>	
1001. Bank of America - Note Reserve	31,251
1002. Employee Loan	500
1003.	
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	31,751
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS</b>	
1701. DEPOSITS	2,898
1702.	
1703.	
1704.	
1798. Summary of remaining write-ins for Item 17 from overflow page	
1799. TOTALS (Items 1701 thru 1704 plus 1798)	2,898
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT</b>	
2501.	
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	0

## STATEMENT AS OF 3-31-2004 OF 933-0197 JAIMINI HEALTH INC DBA HEALTHDENT OF CALIFORNIA

## REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
<b>CURRENT LIABILITIES:</b>	Current Period		
	Contracting	Non-Contracting	Total
1. Trade Accounts Payable	55,328	XXX	55,328
2. Capitation Payable	17,443	XXX	17,443
3. Claims Payable (Reported)			0
4. Incurred But Not Reported Claims			0
5. POS Claims Payable (Reported)			0
6. POS Incurred But Not Reported Claims			0
7. Other Medical Liability			0
8. Unearned Premiums	216,299	XXX	216,299
9. Loans and Notes Payable	103,328	XXX	103,328
10. Amounts Due To Affiliates - Current		XXX	0
11. Aggregate Write-Ins for Current Liabilities	264,619	0	264,619
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	657,017	0	657,017
<b>OTHER LIABILITIES:</b>			
13. Loans and Notes Payable (Not Subordinated)	2,438,963	XXX	2,438,963
14. Loans and Notes Payable (Subordinated)	567,121	XXX	567,121
15. Accrued Subordinated Interest Payable	35,729	XXX	35,729
16. Amounts Due To Affiliates - Long Term		XXX	0
17. Aggregate Write-Ins for Other Liabilities	0	XXX	0
18. TOTAL OTHER LIABILITIES (Items 13 to 17)	3,041,813	XXX	3,041,813
19. TOTAL LIABILITIES	3,698,830	0	3,698,830
<b>NET WORTH</b>			
20. Common Stock	XXX	XXX	2,000
21. Preferred Stock	XXX	XXX	
22. Paid In Surplus	XXX	XXX	1,035,884
23. Contributed Capital	XXX	XXX	
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	-585,255
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	-29,852
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	422,777
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	4,121,607
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES</b>			
1101. Commission Payable	3,298		3,298
1102. MES Margin - Scottrade	254,321		254,321
1103. Security Deposit	7,000		7,000
1104.			0
1198. Summary of remaining write-ins for Item 11 from overflow page			0
1199. TOTALS (Items 1101 thru 1104 plus 1198)	264,619	0	264,619
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES</b>			
1701.		XXX	0
1702.		XXX	0
1703.		XXX	0
1704.		XXX	0
1798. Summary of remaining write-ins for Item 17 from overflow page		XXX	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	0	XXX	0
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS</b>			
2501. HOLDING GAIN ON MES TRADING	XXX	XXX	-29,852
2502.	XXX	XXX	
2503.	XXX	XXX	
2504.	XXX	XXX	
2598. Summary of remaining write-ins for Item 25 from overflow page	XXX	XXX	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	XXX	XXX	-29,852

## STATEMENT AS OF 3-31-2004 OF 933-0197 JAIMINI HEALTH INC DBA HEALTHDENT OF CALIFORNIA

## REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
<b>REVENUES:</b>		
1. Premiums (Commercial)	158,144	158,144
2. Capitation		
3. Co-payments, COB, Subrogation		
4. Title XVIII - Medicare		
5. Title XIX - Medicaid		
6. Fee-For-Service		
7. Point-Of-Service (POS)		
8. Interest	128	128
9. Risk Pool Revenue		
10. Aggregate Write-Ins for Other Revenues	108,866	108,866
11. TOTAL REVENUE (Items 1 to 10)	267,138	267,138
<b>EXPENSES:</b>		
<b>Medical and Hospital</b>		
12. Inpatient Services - Capitated		
13. Inpatient Services - Per Diem		
14. Inpatient Services - Fee-For-Service/Case Rate		
15. Primary Professional Services - Capitated	28,560	28,560
16. Primary Professional Services - Non-Capitated		
17. Other Medical Professional Services - Capitated		
18. Other Medical Professional Services - Non-Capitated		
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS	300	300
20. POS Out-Of-Network Expense		
21. Pharmacy Expense - Capitated		
22. Pharmacy Expense - Fee-for-Service		
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	45,288	45,288
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	74,148	74,148
<b>Administration</b>		
25. Compensation	10,691	10,691
26. Interest Expense	29,717	29,717
27. Occupancy, Depreciation and Amortization	12,237	12,237
28. Management Fees		
29. Marketing	21,401	21,401
30. Affiliate Administration Services		
31. Aggregate Write-Ins for Other Administration	82,413	82,413
32. TOTAL ADMINISTRATION (Items 25 to 31)	156,459	156,459
33. TOTAL EXPENSES	230,607	230,607
34. INCOME (LOSS)	36,531	36,531
35. Extraordinary Item		
36. Provision for Taxes	950	950
37. NET INCOME (LOSS)	35,581	35,581
<b>NET WORTH:</b>		
38. Net Worth Beginning of Period	434,778	434,778
39. Audit Adjustments		
40. Increase (Decrease) in Common Stock		
41. Increase (Decrease) in Preferred Stock		
42. Increase (Decrease) in Paid in Surplus	-34,000	-34,000
43. Increase (Decrease) in Contributed Capital		
44. Increase (Decrease) in Retained Earnings:		
45. Net Income (Loss)	35,581	35,581
46. Dividends to Stockholders		
47. Aggregate Write-Ins for Changes in Retained Earnings	0	0
48. Aggregate Write-Ins for Changes in Other Net Worth Items	-13,582	-13,582
49. NET WORTH END OF PERIOD (Items 38 to 48)	422,777	422,777

## STATEMENT AS OF 3-31-2004 OF 933-0197 JAIMINI HEALTH INC DBA HEALTHDENT OF CALIFORNIA

## REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2	3
	Current Period	Year-to-Date
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES</b>		
1001. Rental Income	27,648	27,648
1002. Gain on MES Trading	81,218	81,218
1003.		
1004.		
1005.		
1006.		
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)	108,866	108,866
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES</b>		
2301. Other Medical Expenses	15,965	15,965
2302. Medical Director / Provider Relations - Wages & Related	29,323	29,323
2303.		
2304.		
2305.		
2306.		
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)	45,288	45,288
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES</b>		
3101. Equipment Rental	3,324	3,324
3102. Insurance	4,578	4,578
3103. DMHC Assessments	3,205	3,205
3104. Outside Consultants	35,373	35,373
3105. Depreciation & Amortization	22,076	22,076
3106. Administrative Expenses	13,857	13,857
3198. Summary of remaining write-ins for Item 31 from overflow page		
3199. TOTALS (Items 3101 thru 3106 plus 3198)	82,413	82,413
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS</b>		
4701.		
4702.		
4703.		
4704.		
4705.		
4706.		
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 4701 thru 4706 plus 4798)	0	0
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS</b>		
4801. HOLDING GAIN ON MES TRADING	-13,582	-13,582
4802.		
4803.		
4804.		
4805.		
4806.		
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)	-13,582	-13,582

**REPORT #3: STATEMENT OF CASH FLOWS**

1	2	3
	Current Period	Year-to-Date
<b>CASH FLOW PROVIDED BY OPERATING ACTIVITIES</b>		
1. Group/Individual Premiums/Capitation	180,216	180,216
2. Fee-For-Service		
3. Title XVIII - Medicare Premiums		
4. Title XIX - Medicaid Premiums		
5. Investment and Other Revenues	27,776	27,776
6. Co-Payments, COB and Subrogation		
7. Medical and Hospital Expenses	-78,482	-78,482
8. Administration Expenses	-111,745	-111,745
9. Federal Income Taxes Paid		
10. Interest Paid	-29,717	-29,717
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	-11,952	-11,952
<b>CASH FLOW PROVIDED BY INVESTING ACTIVITIES</b>		
12. Proceeds from Restricted Cash and Other Assets	29,900	29,900
13. Proceeds from Investments	446,602	446,602
14. Proceeds for Sales of Property, Plant and Equipment		
15. Payments for Restricted Cash and Other Assets		
16. Payments for Investments	-626,806	-626,806
17. Payments for Property, Plant and Equipment	-29,900	-29,900
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	-180,204	-180,204
<b>CASH FLOW PROVIDED BY FINANCING ACTIVITIES:</b>		
19. Proceeds from Paid in Capital or Issuance of Stock	-34,000	-34,000
20. Loan Proceeds from Non-Affiliates	181,260	181,260
21. Loan Proceeds from Affiliates		
22. Principal Payments on Loans from Non-Affiliates	-3,277	-3,277
23. Principal Payments on Loans from Affiliates		
24. Dividends Paid		
25. Aggregate Write-Ins for Cash Provided by Financing Activities	0	0
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	143,983	143,983
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	-48,173	-48,173
28. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE QUARTER	48,340	48,340
29. CASH AND CASH EQUIVALENTS AT THE END OF THE QUARTER	167	167
<b>RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:</b>		
30. Net Income	35,581	35,581
<b>Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities</b>		
31. Depreciation and Amortization	22,076	22,076
32. Decrease (Increase) in Receivables	-614	-614
33. Decrease (Increase) in Prepaid Expenses	376	376
34. Decrease (Increase) in Affiliate Receivables		
35. Increase (Decrease) in Accounts Payable	-5,890	-5,890
36. Increase (Decrease) in Claims Payable and Shared Risk Pool		
37. Increase (Decrease) in Unearned Premium	22,072	22,072
38. Aggregate Write-Ins for Adjustments to Net Income	-85,553	-85,553
39. TOTAL ADJUSTMENTS (Items 31 through 38)	-47,533	-47,533
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)	-11,952	-11,952
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES</b>		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Item 25 from overflow page		
2599. TOTALS (Items 2501 thru 2503 plus 2598)	0	0
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME</b>		
3801. Increase (Decrease) in Accrued Capitation & Commission	-4,335	-4,335
3802. Gain on MES Trading	-81,218	-81,218
3803.		
3898. Summary of remaining write-ins for Item 38 from overflow page		
3899. TOTALS (Items 3801 thru 3803 plus 3898)	-85,553	-85,553

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**REPORT #4: ENROLLMENT AND UTILIZATION TABLE****TOTAL ENROLLMENT**

1 Source of Enrollment	2 Total Enrollees At End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Enrollees at End of Period	6 Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period			10 Total Patient Days Incurred	11 Annualized Hospital Days/1000	12 Average Length of Stay
						7 Physicians	8 Non-Physicians	9 Total			
1. Group (Commercial)				0				0			
2. Medicare Risk				0				0			
3. Medi-Cal Risk				0				0			
4. Individual	9,890	805	1,226	9,469	28,726			0		0	
5. Point of Service				0				0			
6. Aggregate write-ins for Other	0	0	0	0	0	0	0	0	0		
7. Total Membership	9,890	805	1,226	9,469	28,726	0	0	0	0	0	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR OTHER SOURCES OF ENROLLMENT											
601. Small Group				0				0			
602. Healthy Families				0				0			
603. AIM				0				0			
604. Medicare Cost				0				0			
605. ASO				0		N/A	N/A	N/A	N/A	N/A	N/A
606. PPO				0				0			
607.				0				0			
608.				0				0			
609.				0				0			
610.				0				0			
611.				0				0			
612.				0				0			
Summary of remaining write-ins for 698. Item 6 from overflow page				0				0			
Totals (lines 601 through 612 plus 699, 698) (Line 6 above)	0	0	0	0	0	0	0	0	0		

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**SCHEDULE A-1 (CASH)**

1	2	3
Name of Depository (List all accounts even if closed during the period)	Account Number	Balance*
1. Citizens Business Bank	2431-36288	-2,014
2. Bank of America	05231-03264	2,185
3. Union Bank	08500-49912	-4
4.		
5.		
6.		
7.		
8.		
9. Total Cash on Deposit		167
10. Cash on Hand (Petty Cash)		
11. Total Cash on Hand and on Deposit (Report #1, Part A, Line 1)		167

**SCHEDULE A-2 RESTRICTED ASSETS**

1	2	3
Name of Depository (List all accounts even if closed during the period)	Account Number	Balance*
12. California Bank Trust	16-118023-74	50,000
13. Bank of America	11147-01321	333,011
14.		
15.		
16.		
17.		
18.		
19. Total Restricted Assets		383,011

\* Indicate the Balance Per the HMO's Records

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## STATEMENT AS OF 3-31-2004 OF 933-0197 JAIMINI HEALTH INC DBA HEALTHDENT OF CALIFORNIA

**SCHEDULE C - PREMIUMS RECEIVABLE (Other than Affiliates)**

Individually list all debtors (commercial only) with account balances greater than 5% of gross Premiums Receivable. Group the total of all other premiums receivables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed."

	1 Name of Debtor	2 1-30 Days	3 31-60 Days	4 61-90 Days	5 Over 90 Days	6 Total
1.	NONE					0
2.						0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23.						0
24.						0
25.						0
26.						0
27.						0
28.						0
29.						0
30.						0
31.						0
32.						0
33.						0
34.						0
35.						0
36.						0
37.						0
38.						0
39.						0
40.						0
41.						0
42.						0
43.						0
44.						0
45.						0
46.						0
47.						0
48.						0
49.						0
50.						0
51.						0
52.						0
53.						0
54.	Aggregate Accounts Not Individually Listed					0
55.	Total	0	0	0	0	0

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## STATEMENT AS OF 3-31-2004 OF 933-0197 JAIMINI HEALTH INC DBA HEALTHDENT OF CALIFORNIA

**SCHEDULE D**  
**HEALTH CARE RECEIVABLES &**  
**AMOUNTS DUE FROM PARENT, SUBSIDIARIES, AND AFFILIATES**

Individually list all debtors with account balances greater than 10% of gross Receivables. Group the total of all other receivables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed."

	1 Name of Debtor	2 1-30 Days	3 31-60 Days	4 61-90 Days	5 Over 90 Days	6 Total
1.	NONE					0
2.						0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23.						0
24.						0
25.						0
26.						0
27.						0
28.						0
29.						0
30.						0
31.						0
32.						0
33.						0
34.						0
35.						0
36.						0
37.						0
38.						0
39.						0
40.						0
41.						0
42.						0
43.						0
44.						0
45.						0
46.						0
47.						0
48.						0
49.						0
50.						0
51.						0
52.						0
53.						0
54.	Aggregate Accounts Not Individually Listed					0
55.	Total	0	0	0	0	0

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## STATEMENT AS OF 3-31-2004 OF 933-0197 JAIMINI HEALTH INC DBA HEALTHDENT OF CALIFORNIA

## SCHEDULE F - ACCOUNTS PAYABLE

Individually list all creditors with account balances greater than 5% of total trade accounts payable. Group the total of all other payables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed - Due." Report accounts payable from the initial date of billing or due date under contract.

1	2	3	4	5	6	7
Name of Debtor	1-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
1. Bank One	2,120	6	1,298	0	0	3,424
2. HQ Printers	444	2,942	0	0	0	3,386
3. Kalter Company	5,422	0	0	2,000	0	7,422
4. Shawn Washington Accountancy Corp	6,600	0	0	0	0	6,600
5. Wilke, Fleury, Hoffelt, et al	0	0	26,307	0		26,307
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23. Aggregate Accounts Not Individually Listed - Due	7,387	0	802	0	0	8,189
24. Total	21,973	2,948	28,407	2,000	0	55,328

\*\*

**SCHEDULE G - UNPAID CLAIMS ANALYSIS**  
**SECTION I - CLAIMS UNPAID**

	1	2	3
Type of Claim	Reported Claims in Process of Adjustment	Estimated Incurred but Unreported	Total - Unpaid Claims (Columns 4+5 of Section II)
1. Inpatient Claims	0	0	0
2. Physician Claims	0	0	0
3. Referral Claims	0	0	0
4. Other Medical	0	0	0
5. TOTAL	0	0	0

**SECTION II - ANALYSIS OF CLAIMS UNPAID - PREVIOUS YEAR (FILE ANNUAL ONLY)**

1 Type of Claim	Claims Paid During the Fiscal Year		Unpaid Claims During the Fiscal Year		6 Total Claims (Paid and Unpaid) for the Previous Fiscal Year (2+4)	7 Estimated Liability of Unpaid Claims Prior to the first day of the Prior Year
	2 On Claims Incurred Prior to the first day of the Current Fiscal Year	3 On Claims Incurred During the Fiscal Year	4 On Claims Unpaid Prior to the first day of the Previous Fiscal Year	5 On Claims Incurred During the Year		
6. Inpatient Claims					0	
7. Physician Claims					0	
8. Referral Claims					0	
9. Other Medical					0	
10. TOTAL	0	0	0	0	0	0

**SECTION III - INVENTORY OF CLAIMS TO BE PROCESSED\***

1 Month Ending	2 Beginning Balance Number of Claims in inventory on the 1st of each month	3 Add - Claims Received during the month	4 Deduct - Claims paid during the month	5 Deduct - Claims denied during the month	6 Add/Deduct - Adjustments	7 Ending Balance Number of claims in inventory at the end of the month
11. None						0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23.						0

\* Describe any significant changes reported on Schedule G, Section III in the Supplemental Schedule (Page 2).

\*\*

## STATEMENT AS OF 3-31-2004 OF 933-0197 JAIMINI HEALTH INC DBA HEALTHDENT OF CALIFORNIA

**SCHEDULE H - AGING OF ALL CLAIMS**

Age all claims on hand at the end of each month. Use the date of receipt to determine the number of days the claims is outstanding. The amount reported in Column 6 should equal the amount Reported on Schedule G, Section III, Column 7.

	1	2	3	4	5	6
	Month Ending	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Total
1.						
2.	NONE					0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0

\*\*



**TATEMENT AS OF 3-31-2004 OF 933-0197 JAIMINI HEALTH INC DBA HEALTHDENT OF CALIFORNIA**

**SCHEDULE I - ANALYSIS OF TOTAL MEDICAL LIABILITY TO ACTUAL CLAIMS PAID**

Using the Plan's Lag Tables, complete the following table. Provide claim information the current quarter and the previous seven quarters. An actuarial certification may be submitted in lieu of this schedule.

Reported Accrual				
1	2	3	4	5
Quarter Ending Date	Total Medical Liability*	Amount Paid-To-Date	Difference - Column (2-3)	Outstanding Liability (Based on plan's lag)
1. NONE		XXX	0	
2. Previous Quarter			0	
3. Previous 2 Quarters			0	
4. Previous 3 Quarters			0	
5. Previous 4 Quarters			0	
6. Previous 5 Quarters			0	
7. Previous 6 Quarters			0	
8. Previous 7 Quarters			0	

\* Should tie to Report #1, Part B, Columns 1 & 2, Lines 3 through 7.

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NOTES TO FINANCIAL STATEMENTS	
1.	Please see attached notes.
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1.	Please see attached notes.
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STATEMENT AS OF 3-31-2004 OF 933-0197 JAIMINI HEALTH INC DBA HEALTHDENT OF CALIFORNIA

**KNOX-KEENE**  
**SUPPLEMENTAL INFORMATION**  
**PURSUANT TO SECTIONS 1300.84.06, 1300.84.2 AND 1374.68**

	1	2	3	4	5
A.	Explanation of the method of calculating the provision for incurred and unreported claims:				
1.					
B.	Accounts and Notes Receivable from officers, directors, owners or affiliates, as detailed below:				
	Name of Debtor	Nature of Relationship	Nature of Receivable	Amount	Terms
2.					
3.					
4.					
5.					
6.					
C.	Donated materials or services received by the reporting entity for the period of the financial statements, as detailed below:				
	Donor's Name	Affiliation with Reporting Entity	Valuation Method	Amount	
7.					
8.					
9.					
10.					
11.					
D.	Forgiven debt or obligations, as detailed below:				
	Creditor's Name	Affiliation with Reporting Entity	Summary of How Obligation Arose	Amount	
12.					
13.					
14.					
15.					
E.	Calculation of Tangible Net Equity (TNE) and Required TNE in accordance with Section 1300.76 of the Rules:				
16.	Net Equity		\$	422,777	
17.	Add: Subordinated Debt		\$	567,121	
18.	Less: Receivables from officers, directors, and affiliates		\$	0	
19.	Intangibles		\$	451,078	
20.	Tangible Net Equity (TNE)		\$	538,820	
21.	Required Tangible Net Equity (See Page 22)		\$	50,000	
22.	TNE Excess (Deficiency)		\$	488,820	
F.	Percentage of administrative costs to revenue obtained from subscribers and enrollees:				
23.	Revenue from subscribers and enrollees		\$	158,144	
24.	Administrative Costs		\$	156,459	
25.	Percentage			99	
26.	The amount of health care expenses incurred during the six month period immediately preceding the date of the report which were or will be paid to noncontracting providers or directly reimbursed to subscribers and enrollees:		\$	992	
27.	Total costs for health care services for the immediately preceding six months:		\$	147,593	
28.	Percentage			1	

		1
<p>G. If the amount of health care expenses incurred during the six month period immediately preceding the date of the report which <u>were or will be</u> paid to noncontracting providers or directly reimbursed to subscribers and enrollees exceeds 10% of the total costs for health care services for the immediately preceding six months, the following information, determined as of the date of the reports, shall be provided:</p>		
29. Amount of all claims for noncontracting provider services received for reimbursement but not yet processed:	\$	
30. Amount of all claims for noncontracting provider services denied for reimbursement during the previous 45 days:	\$	
31. Amount of all claims for noncontracting provider services approved for reimbursement but not yet paid:	\$	
32. An estimate of the amount of claims for noncontracting provider services incurred, but not reported:	\$	
33. Compliance with Section 1377(a) as determined in accordance with such section, as follows:		
34. Cash & cash equivalents maintained	\$	
35. Noncontracting provider claims (aggregate of total of items 29 - 32 above)	\$	0
36. Cash & cash equivalents reported to be maintained (120% x Line 35)	\$	0
37. Deposit required (100% of Line 36)	\$	0
38. Excess (deficient) reserves (Line 34 - Line 37)	\$	0
Percentage of premium revenue earned from point-of-service plan contracts:		
39. Premium revenue earned from point-of-service plan contracts	\$	
40. Total premium revenue earned	\$	
41. Percentage		0
Percentage of total health care expenditures incurred for enrollees for out-of-network services for point-of-service enrollees:		
42. Health care expenditures for out-of-network services for point-of-service enrollees	\$	
43. Total health care expenditures	\$	
44. Percentage		0
45. Point-of-Service Enrollment at end of period		
Total Ambulatory encounters for period for point-of-service enrollees:		
46. Physician		
47. Non-Physician		
48. Total		0
49. Total Patient Days Incurred for Point-of-Service enrollees		
50. Annualized Hospital Days/1000 for Point-of-Service enrollees		
51. Average Length of Stay for Point of Service enrollees		
52. Compliance with Section 1374.68(a) as follows:		
53. Current Monthly Claims Payable for out-of-network coverage or services provided under Point-of-Service Contracts:	\$	
54. Current monthly incurred but not reported claims balance for out-of-network coverage or services provided under Point-of-Service contracts	\$	
55. Total	\$	0
56. Total times 120%	\$	0
57. Deposit (Greater of Line 56 or minimum of \$200,000)	\$	

## STATEMENT AS OF 3-31-2004 OF 933-0197 JAIMINI HEALTH INC DBA HEALTHDENT OF CALIFORNIA

## REQUIRED TANGIBLE NET EQUITY (TNE) CALCULATION:

TNE required must be equal to the GREATER of "A" "B" or "C" below (See Rule 1300.76)

Full Service Plans		Specialized Plans	
	1		2
A. Minimum TNE Requirement	\$ 1,000,000	Minimum TNE Requirement	\$ 50,000
B. REVENUES:			
1. 2% of the first \$150 million of annualized premium revenues	\$	2% of the first \$7.5 million of annualized premium revenue	\$ 12,652
Plus		Plus	
2. 1% of annualized premium revenues in excess of \$150 million	\$	1% of annualized premium revenue in excess of \$7.5 million	\$ 0
3. Total	\$ 0	Total	\$ 12,652
C. HEALTHCARE EXPENDITURES:			
4. 8% of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$	8% of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$ 23,727
Plus		Plus	
5. 4% of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$	4% of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis.	\$ 0
Plus		Plus	
6. 4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$ 0
7. Total	\$ 0	Total	\$ 23,727
8. Required "TNE" - Greater of "A" "B" or "C"	\$	Required "TNE" - Greater of "A" "B" or "C"	\$ 50,000

**KNOX -KEENE  
SUPPLEMENTAL INFORMATION  
PURSUANT TO SECTIONS 1374.64**

**POINT OF SERVICE TANGIBLE NET EQUITY CALCULATION**

Calculation of Tangible Net Equity and required Tangible Net Equity in accordance with Section 1374.64:

		1
1. Net Equity	\$	422,777
2. Add: Subordinated Debt	\$	567,121
3. Less: Receivables from officers, directors, and affiliates	\$	
4. Intangibles	\$	451,078
5. Tangible Net Equity (TNE)	\$	538,820
6. Required Tangible Net Equity (From Line 10 or 13 below)	\$	50,000
7. TNE Excess (Deficiency)	\$	488,820
<b>ADJUSTED MINIMUM TANGIBLE NET EQUITY CALCULATION (Complete Section I or II):</b>		
<b>I. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(1) or (2):</b>		
8. Minimum TNE as calculated under Rule 1300.76 (a)(1) or (2)	\$	50,000
9. 10% of annualized health care expenditures for out-of-network service for point-of-service enrollees	\$	0
10. Add lines 8 and 9	\$	50,000
<b>II. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(3):</b>		
<b><u>PART A</u></b>		
11. Minimum TNE as recalculated to exclude annualized healthcare expenditures for out-of-network services for point-of-service enrollees (attach worksheet Page 24)	\$	5,932
12. 10% of annualized health care expenditures for out-of-network services for point-of-service enrollees	\$	0
13. Add lines 11 and 12	\$	5,932
<b>III. MINIMUM TNE REQUIREMENT TO DETERMINE MONTHLY REPORTING</b>		
14. Line 5 (above)	\$	538,820
15. Multiply Line 6 (above) by 130%	\$	65,000
16. Difference (Line 14 - Line 15)	\$	473,820
<b>If Line 14 is less than Line 15, then monthly reporting is required</b>		

## STATEMENT AS OF 3-31-2004 OF 933-0197 JAIMINI HEALTH INC DBA HEALTHDENT OF CALIFOR

## WORKSHEET FOR ADJUSTED TANGIBLE NET EQUITY CALCULATION

	1 Full Service Plans	2 Specialized Plans
1. Health care expenditures for period	\$ <input type="text"/>	\$ <input type="text" value="74,148"/>
Less:		
2. Capitated or managed hospital payment basis expenditures	<input type="text"/>	<input type="text"/>
3. Health care expenditures for out-of-network services for point-of-service enrollees	<input type="text"/>	<input type="text" value="0"/>
4. Result	<input type="text" value="0"/>	<input type="text" value="74,148"/>
5. Annualized	<input type="text"/>	<input type="text" value="74,148"/>
6. Reduce to maximum of \$150 million	<input type="text"/>	<input type="text" value="74,148"/>
7. Multiply by 8%	\$ <input type="text" value="0"/>	\$ <input type="text" value="5,932"/>
Plus		
8. Annualized health care expenditures except those paid on a capitated or managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text" value="0"/>
9. Less \$150 million	<input type="text"/>	<input type="text"/>
10. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
11. Annualized hospital expenditures paid on a managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
12. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
13. Total	\$ <input type="text" value="0"/>	\$ <input type="text" value="5,932"/>



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